

EVALUATION OF PRIVILEGES - OB/GYN NURSE PRACTITIONER		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM		TO		
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Clinical Privileges (Check)						
	1. Gynecologic assessment (<i>pelvic and breast</i>) with deviations from normal being referred to the physician					
	2. Diagnostic and screening tests					
	3. Uncomplicated obstetrical care (<i>antepartal, post-partal</i>)					
	4. Health teaching and counseling regarding maintenance of health, family planning, and preparation for childbirth					
	5. Normal newborn care					
	6. Prescribe TAB approved medications (<i>attach listing</i>)					
Diagnostic and Treatment (Check)						
	1. Cervicitis, erosion, and eversion of cervix					
	2. Vaginitis					
	a. Trichomonas					
	b. Monilia					
	c. Nonspecific or mixed					
	3. Gonorrhea and those referred as gonorrhea (<i>contacts from Health and Environment Division or Public Health Service</i>)					
	4. Condyloma accuminata (<i>Venereal warts</i>)					
	5. Herpes simplex of genitalia					
	6. Other (<i>Specify</i>)					
Diagnostic Procedures (Check)						
	1. Pelvic Examination					
	2. Pap smear					
	3. Breast examination					
	4. Cryosurgery with appropriate follow-up					
	5. IUD insertion and removal					
	6. Diaphragm fitting					
	7. Cervical cultures and wet slides					
	8. Ordering of laboratory tests					
	a. Pregnancy tests					
	b. UA, culture and sensitivity					
	c. CBC					
	d. Rubella titer					
	e. Blood type and RH factor					
	f. FBS, 2-hour postprandial for diabetic screening					
	g. Vaginal and cervical cultures					

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COMMENTS *(Borderline and unacceptable ratings will be addressed.)*

RATER'S SIGNATURE	DATE
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